

SOCIAL SERVICES DEPARTMENT

PO BOX 825~ANADARKO OK~73005~PHONE (405)247-2448~FAX(405)247-5942

College Financial Assistance Program

Delaware Nation College Financial Assistance Program's main focus is to assist full-time college students with various college expenses such as tuition, transportation costs, books expenses, lab expenses, food, or what is deemed necessary for the student to reach their academic goals.

REQUIREMENTS

- Students must be enrolled with the Delaware Nation.
- A **Higher Education** application must be completed before this CFA application is considered.
- Students are required to carry at least 12 credit hours per semester and maintain a 2.5 GPA or above. **Any student on academic probation for the prior semester will not be eligible for CFA.**
- Students are required to apply each semester.
- **Max award per semester:** \$1,000 per student. Check is mailed to the student.

RESPONSIBILITIES

- The student is responsible for completing and submitting a CFA application every semester.
- All prospective students are expected to apply for financial aid through the college Financial Aid Office.
- The student is responsible for submitting his/her official transcript, class schedule, and receipts at the end of each semester.
- The student must notify this office if student withdraws from class.

REQUIRED DOCUMENTS

If you fail to secure the documents listed below your file will be placed on **pending status**. Pending status does not guarantee funding.

- ✓ College Financial Assistance applications must be submitted each semester
- ✓ Must complete a Higher Education Application and all supportive documents each academic year
- ✓ Official transcript each semester
- ✓ Class schedule

SERVICE AREA

Nationwide

Email: socialservices@delawarenation-nsn.gov



College Financial Assistance

PLEASE READ CAREFULLY: Eligible applicants will receive assistance in the amount of **\$1,000 per semester** upon availability of funds. Must be enrolled in the **Higher Education Program** before this application will be considered.

THIS FORM MUST BE SUBMITTED EVERY SEMESTER

Name _____ Enrollment# _____

Address _____ City _____ State _____ Zip _____

Birth date _____ Age _____ Social Security # _____ Phone _____

Name of College _____ Major _____
Address _____
_____ Graduation
_____ Date _____

What semester are you requesting for? Choose one FALL SPRING

Classification? FRESHMAN SOPHOMORE JUNIOR SENIOR POST GRAD

Receipts MUST be submitted at the end of each semester

Please check here if you are 18 or older and have submitted a request for direct deposit.

Please check if you are a veteran.

By signing this application, I certify under penalty of law that all information submitted in and with this form is true and accurate. I further certify that any misuse of funds or fraudulently obtaining funds will result in a reimbursement of fraudulent funds obtained and ineligibility of future assistance for any Delaware Nation program for a period of time as determined by the Delaware Nation Fraud Policy and/or the court. I accept the Terms and Conditions and agree to use these funds for the intended purpose stated within this application.

STUDENT SIGNATURE

DATE

PRINTED NAME

EDUCATION DIRECTOR

DATE